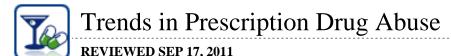


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Prescription drug abuse is the intentional use of a medication without a prescription; in a way other than as prescribed; or for the experience or feeling it causes. It is not a new problem, but one that deserves renewed attention. For although prescription drugs can be powerful allies, they also pose serious health risks related to their abuse.

Prescription drug abuse remains a significant problem in the United States.

In 2009, approximately 7.0 million persons were current users of psychotherapeutic drugs taken nonmedically (2.8 percent of the U.S. population). This class of drugs is broadly described as those targeting the central nervous system, including drugs used to treat psychiatric disorders. The medications most commonly abused are:

- pain relievers—5.3 million
- tranquilizers—2.0 million
- stimulants—1.3 million
- sedatives—0.4 million

Among adolescents, prescription and over-the-counter medications account for most of the frequently abused drugs by high school seniors (excluding tobacco and alcohol).

Nearly 1 in 12 high school seniors reported nonmedical use of Vicodin; 1 in 20 reported abuse of OxyContin. When asked how prescription pain relievers were obtained for nonmedical use, 59 percent of 12th graders said they were given to them by a friend or relative. The number obtaining them over the internet was negligible.

Among those who abuse prescription drugs, high rates of other risky behaviors, including abuse of other drugs and alcohol, have also been reported.

What is driving this high prevalence?

Multiple factors are likely at work:

• **Misperceptions about their safety.** Because these medications are prescribed by doctors, many assume that they are safe to take under any circumstances. This is not the case: prescription drugs act directly or indirectly on the same brain systems affected by illicit drugs; thus their abuse carries substantial addiction liability and can

- lead to a variety of other adverse health effects.
- Increasing environmental availability. Between 1991 and 2010, prescriptions for stimulants increased from 5 million to 45 million, a 9-fold increase, and opioid analysesics increased from about 30 million to 180 million, a 6-fold increase.
- Varied motivations for their abuse. Underlying reasons include: to get high; to counter anxiety, pain, or sleep problems; or to enhance cognition (although they may, in fact, impair certain types of cognitive performance). Whatever the motivation, prescription drug abuse comes with serious risks.

Risks of commonly abused prescription drugs

Opioids (used to treat pain)

- Addiction. Prescription opioids act on the same receptors as heroin and therefore can be highly addictive. People who abuse them sometimes alter the route of administration (e.g., snorting or injecting vs. taking orally) to intensify the effect; some even report moving from prescription opioids to heroin.
- Overdose. Abuse of opioids, alone or in combination with alcohol or other drugs, can depress respiration and lead to death. Overdose is a major concern: the number of fatal poisonings involving prescription pain relievers has more than tripled since 1999.
- **Heightened HIV risk.** Injecting opioids increases the risk of HIV and other infectious diseases through use of unsterile or shared equipment.

CNS depressants (used to treat anxiety and sleep problems)

- Addiction and dangerous withdrawal symptoms. These drugs are addictive and, in chronic users or abusers, discontinuing them absent a physician's guidance can bring about severe withdrawal symptoms, including seizures that can be life-threatening.
- **Overdose.** High doses can cause severe respiratory depression. This risk increases when CNS depressants are combined with other medications or alcohol.

Stimulants (used to treat ADHD and narcolepsy)

• Addiction and other health consequences. These include psychosis, seizures, and cardiovascular complications.

Treatments for prescription drug abuse

Available options for effectively treating addiction to prescription drugs depend on the medication being abused.

Approaches to treating pain reliever addiction are drawn from research on treating heroin addiction, and include medications combined with behavioral counseling. Promising new approaches include depot or long-acting formulations of medications with effects that last for weeks instead of hours or days. One example is already FDA-approved—a depot formulation of the opioid receptor blocker naltrexone (Vivitrol). Clinical trials in heroin abusers in Russia showed extraordinary outcomes regarding drug abstinence, treatment retention, and decreased craving.

Although no medications yet exist to treat addiction to CNS depressants or to prescription stimulants, behavioral therapies proven effective in treating other drug addictions are often used.
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